

Name
in
Full

Astra Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Pocomoke City* Town*Worcester* County

MARYLAND

Date of death *1908 March 11*Age *37* Years

Months

Days

Sex *Female*Color or Race *Colored*Birth-place *Stockton, Md.*Occupation *Midwife*Where Residing if not
at place of death ☒Married, Single or Widowed *Married*Name of Wife or
Husband *Don't know*Father's Name *Peter Bailey*Father's Birthplace *Stromm and town Md*Mother's Maiden Name *Hester Williams*Mother's Birthplace *Stockton, Md*Name of person giving
In formation *Emma Gordon*How related
to deceased *Grand child*

CAUSES OF DEATH

10

Primary

Influenza & Age

How long

2 weeks

Immediate

Exhaustion

How long

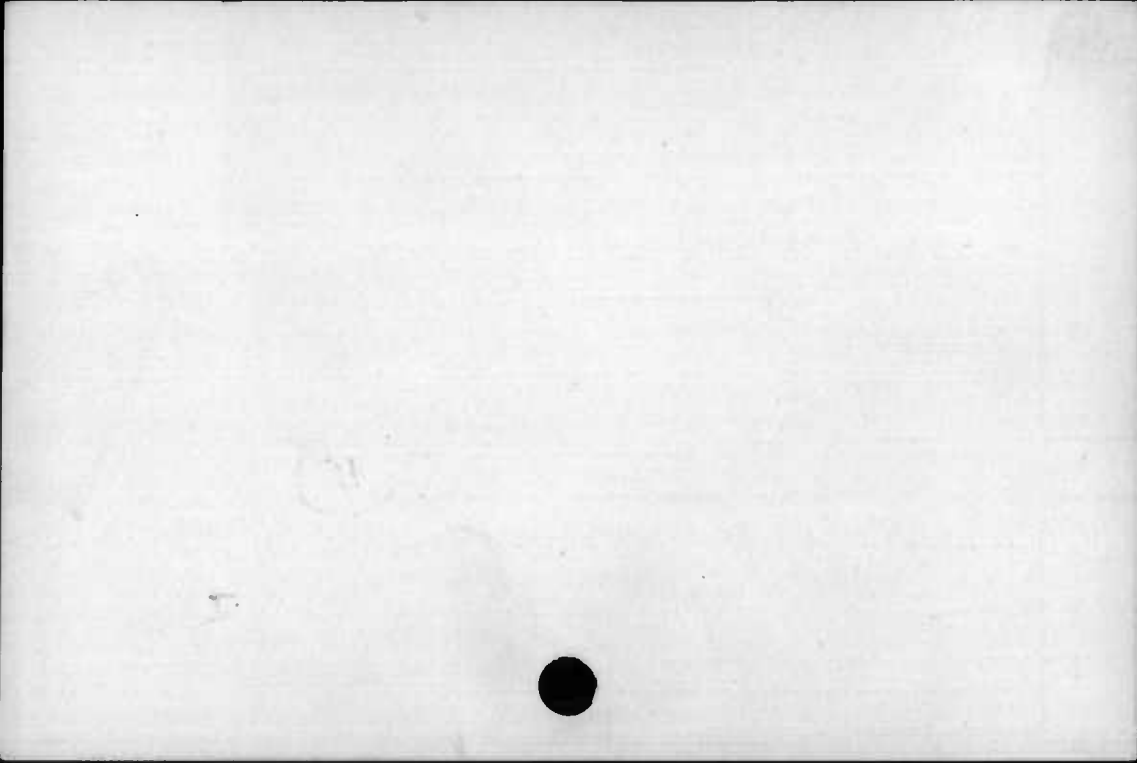
*-*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

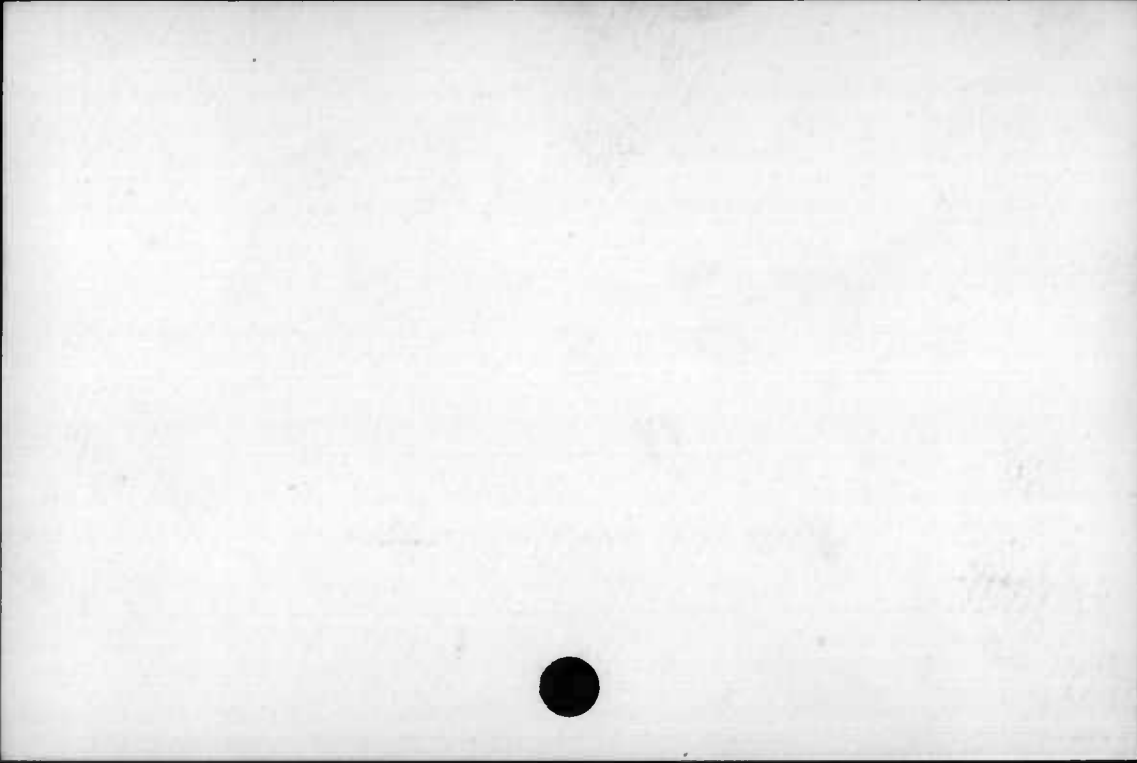
R. Reethall
Pocomoke City, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Berlin		Washington		MARYLAND				
		Date of death		1908	Month 3	Day 25	Age 91	Years	Months	Days		
		Sex		Male		Color or Race		White		Birth-place	Del.	
		Occupation		Farmer		Where Residing if not at place of death						
		Married, Single or Widowed		Name of Wife or Husband		Sally Collins						
		Father's Name		unknown				Father's Birthplace		Del		
		Mother's Maiden Name		unknown				Mother's Birthplace		Del		
Name of person giving information		Mrs W B Burbage				How related to deceased		None.				
CAUSES OF DEATH												
PHYSICIAN OR CORONER		Primary				Cholera Intoxication				How long	2 days	
		Immediate				Recent Failure				How long		
		Are the name, age, sex, color, date and place correctly given above?				Yes				Signature of Physician		Ebe Holland
										Address		Berlin, Md
		Accident or Suicide?										



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Mar</i>	Day <i>24th</i>	Age <i>35-</i>	Years	Months <i>2</i>
Sex <i>Male</i>	Color or Race <i>Blk</i>		Birth-place <i>Delaware</i>		
Occupation <i>Fireman</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Jacob Dingle</i>	Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>Sarah Dingle</i>	Mother's Birthplace <i>Delaware</i>				
Name of person giving information <i>Charles Royborough</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

47

Primary *Rheumatic Pericarditis 2 mo*

How long

Immediate

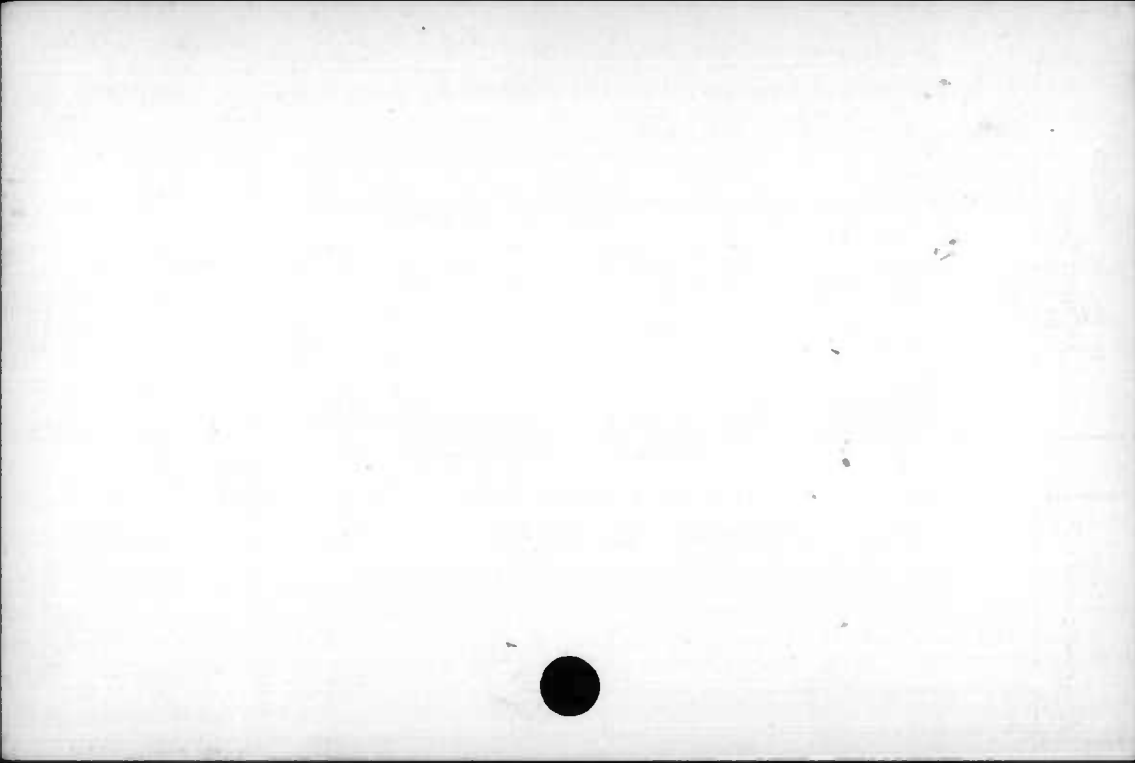
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Paul Jones
*Snow Hill**Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Elmer Dwyer

Town

County

MARYLAND

Died at

Pocomoke

Worcester

Date

1908

Month

3

Day

29

Age

Years

80

Months

11

Days

28

Sex

Female

Color or
Race

white

Birth-
place

New Market

Occupation

none

Where Residing if not
at place of death

r

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

not known

Father's
Name

Do not know

Father's
Birthplace

Do not know

Mother's
Maiden Name

Cliza Ann Faulkner

Mother's
Birthplace

Fredrick Co.

Name of person giving
In formation

Charles Wm. Dixon

How related
to deceased

Grandson

CAUSES OF DEATH

91

Primary

Senile Bronchitis

How long

3 yrs

Immediate

Exhaustion

How long

4 mo

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. M. Wilson

Address

Pocomoke City

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Francis Henry Wyden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Pocomoke* ^{County} *Wicomico* **MARYLAND**

Date of death 1908 ^{Month} 3 ^{Day} 11 Age ^{Years} 64 ^{Months} 10 ^{Days} 2

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Real Estate Broker* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Cynthia Fencil*

Father's Name *Henry Wyden* Father's Birthplace *Md*

Mother's Maiden Name *Eleonor Dinaline* Mother's Birthplace *Md*

Name of person giving information *Har. C. Wyden* How related to deceased *Daughter*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage* *Suddenly*

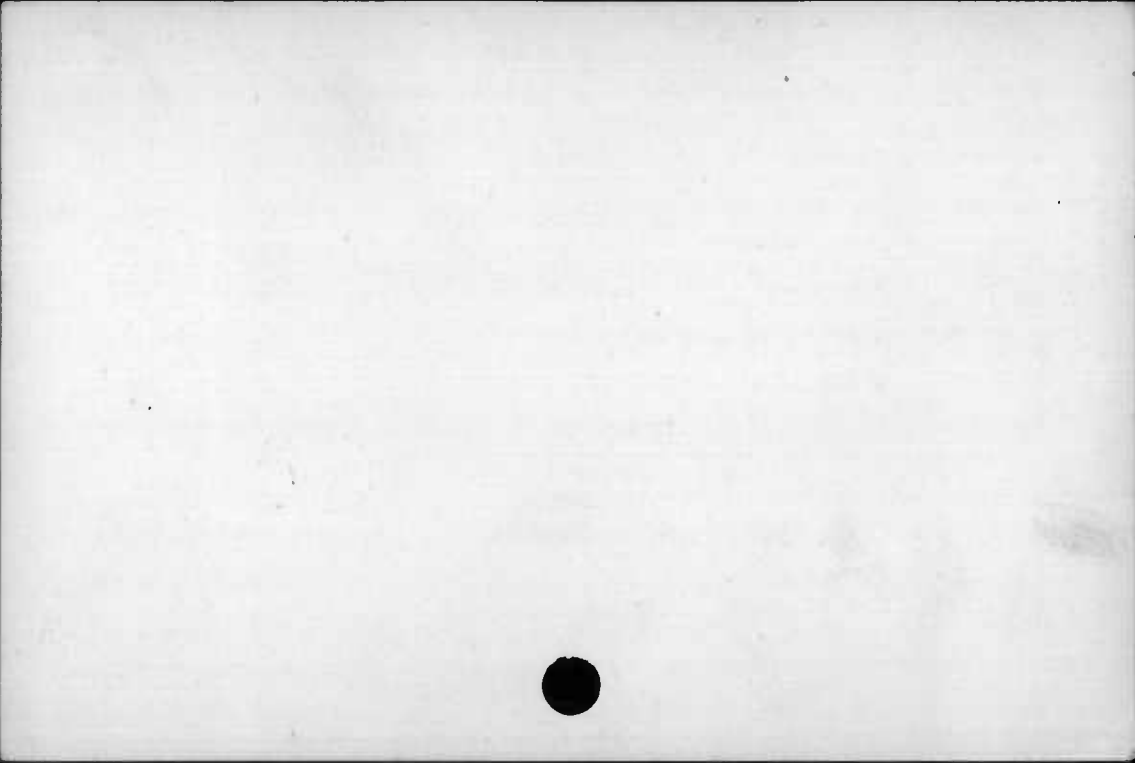
Immediate *Sudden Collapse* *Instantly*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Wilson*

Address *Pocomoke City*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Ed Hammond*

Died at *Mar Thowells* ^{Town} *Worashi* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *3* ^{Day} *1* ^{Years} *64* ^{Months} ^{Days}

Sex *Male* Color or Race *Blk-* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Arabella Perkins*

Father's Name *Enkid Hammond* Father's Birthplace *Ind*

Mother's Maiden Name *Ann Unknown* Mother's Birthplace *..*

Name of person giving information *Peter Henry* How related to deceased *Brother*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Heart-trouble* How long *unknown*

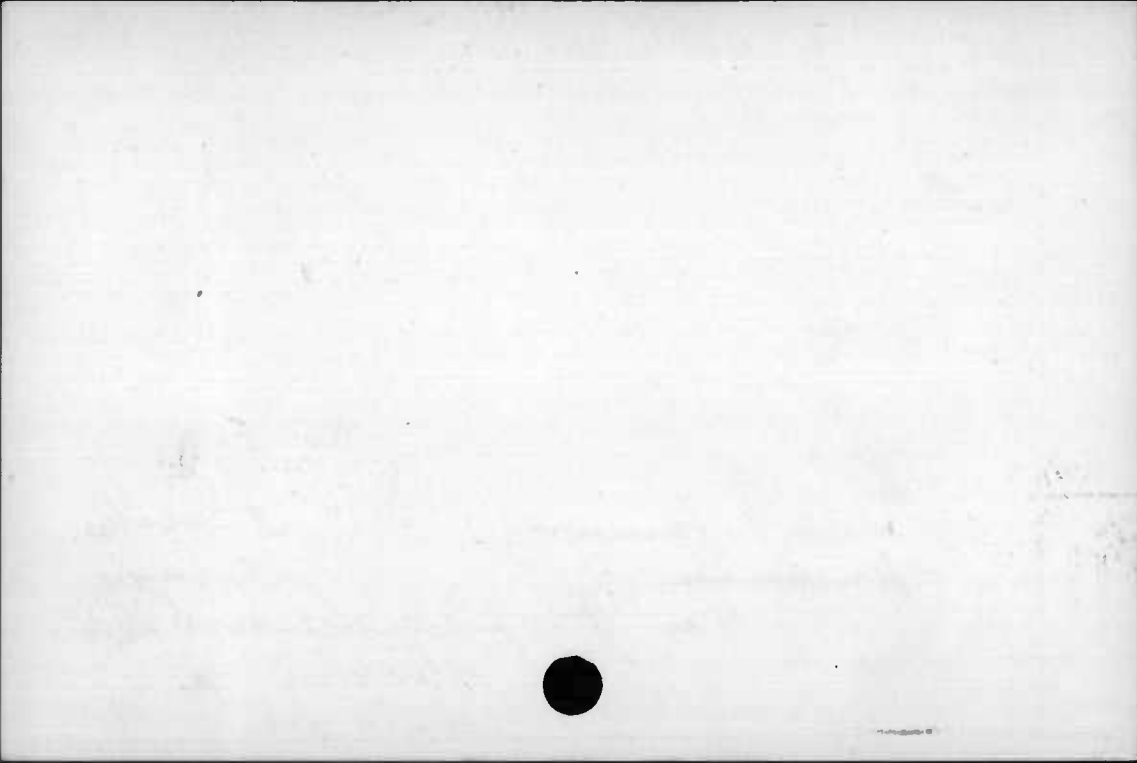
Immediate *Dropsy* How long *unknown*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *R. P. Corliss M.D.*

Address *Bishopville Ind*

Accident or Suicide?



Name
In
Full

Elizabeth M. Hill.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Stockton</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1908	Month	March	Day	20	Age	Years 78- Months 4 Days 22
Sex	<i>female</i>		Color or Race	<i>White</i>		Birth-place	<i>Stockton</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Ges. H. Hill.</i>			
Father's Name	<i>Samuel Hancock.</i>				Father's Birthplace	<i>Stockton</i>	
Mother's Maiden Name	<i>Abby Hudson</i>				Mother's Birthplace	<i>Stockton</i>	
Name of person giving information	<i>W. B. Hill</i>				How related to deceased	<i>Son.</i>	

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<i>Fracture of Femur</i>	How long	<i>3 weeks</i>
Immediate	<i>Wound</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. D. Dickens M.D.</i>
		Address	<i>Stockton Worcester Co.</i>
Accident or Suicide?	<i>Accident</i>		



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

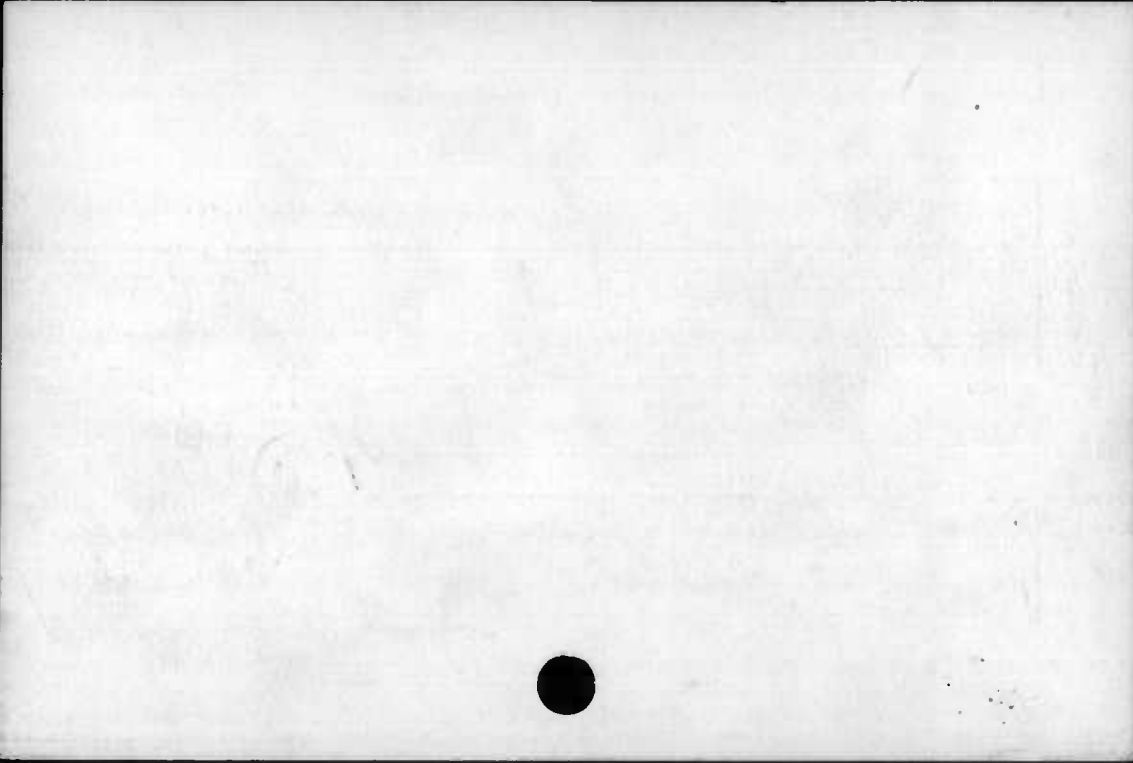
Name in Full <i>Micajah Mallett</i>		Town <i>Pocomoke City</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>near Pocomoke City</i>		Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>20</i>	
Age <i>69</i>		Years <i>69</i>		Months <i>7</i>		Days <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Worcester Co.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Mallett</i>					
Father's Name <i>Henry Mallett</i>		Father's Birthplace <i>Worcester Co.</i>					
Mother's Maiden Name <i>Maitoh Ayers</i>		Mother's Birthplace <i>Worcester Co.</i>					
Name of person giving information <i>John Hancock</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

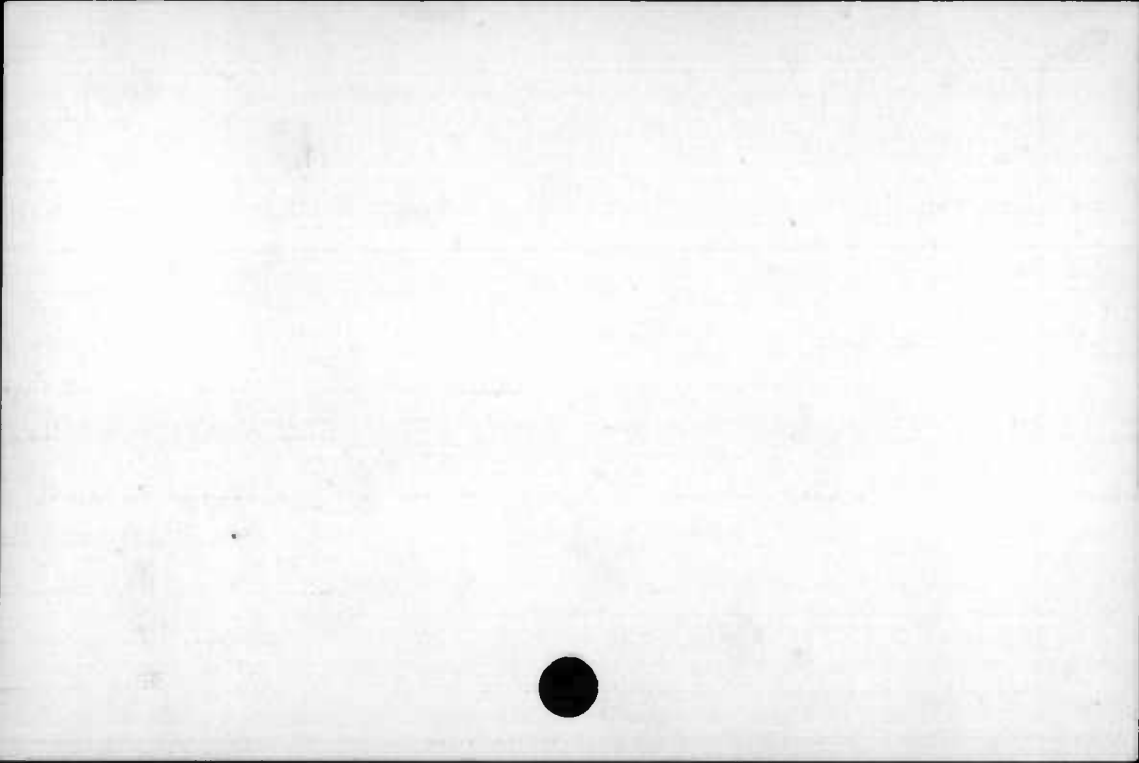
120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis (?) Dropsical</i>	How long	<i>Several Months</i>
Immediate	<i>Apoplegic</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. Lee Hall</i>	
		Address <i>Pocomoke City, Md.</i>	
Accident or Suicide?		<i>No heart lesion discovered</i>	



Name in Full		Minnie Mammul				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Stockton		Winchester		MARYLAND		
	Date of death	1908	Month	March	Day	20	Age	19
	Sex	Female		Color or Race	Caucasian		Birth-place	Winchester, Va.
	Occupation	None		Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	William Mammul				Father's Birthplace	Winchester, Va.	
	Mother's Maiden Name	Mary E. Marshall				Mother's Birthplace	Winchester, Va.	
Name of person giving information	John Mammul				How related to deceased	Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	6 weeks	
	Immediate	Acute Nephritis				How long	2 weeks	
	Are the name, age, sex, color, date and place correctly given above?				yes			
	Signature of Physician				John D. Dickerson			
	Address				Stockton Winchester, Va.			
Accident or Suicide?								



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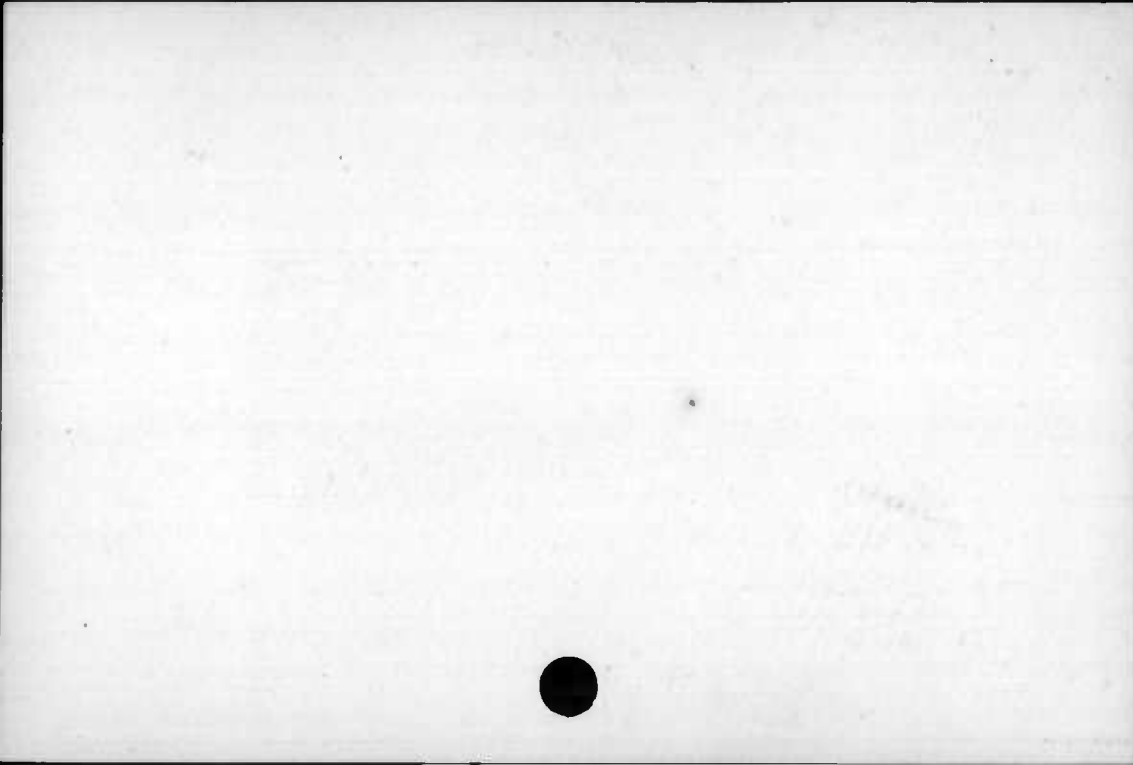
Died at <i>Free River</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	1908	Month	3	Day	3
Age	58	Years		Months	
Sex	Female	Color or Race	Blk	Birth-place	Ind
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Benjamin Pitt		
Father's Name	John Masses		Father's Birthplace	Ind	
Mother's Maiden Name	Sarah		Mother's Birthplace	"	
Name of person giving information	J. E. Harris		How related to deceased	None	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Dropsy</i>	How long	<i>Unknown</i>
Immediate	<i>Heart trouble</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Physician	<i>Dr R P Collier</i>
		Address	<i>Bishopville</i>
Accident or Suicide?			<i>Ind</i>



Name
in
Full

Sabell Rayne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Berlin Town Wor County

Date of death 1906 Month March Day 11 Age 80+ Years Months Days

Sex Female Color or Race Negro Birth-place Wor Co

Occupation Home Keeper Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband Sabell Rayne

Father's Name Harrison Warner Father's Birthplace Ind

Mother's Maiden Name Don't know Mother's Birthplace Ind

Name of person giving information Young Sullivan How related to deceased Son

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary La Grippe How long 3 weeks

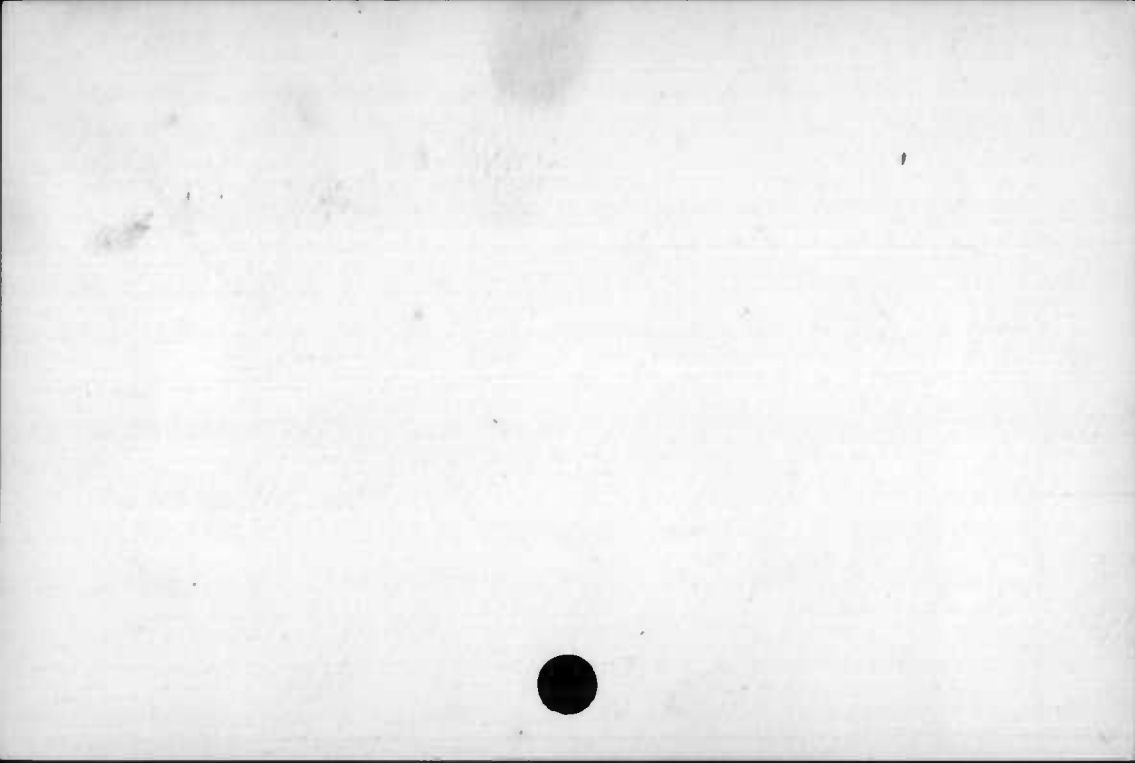
Immediate Pneumonia How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. W. Dirickson

Address Berlin Md

Accident or Suicide?



Name
in
Full

Sadie Robbins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

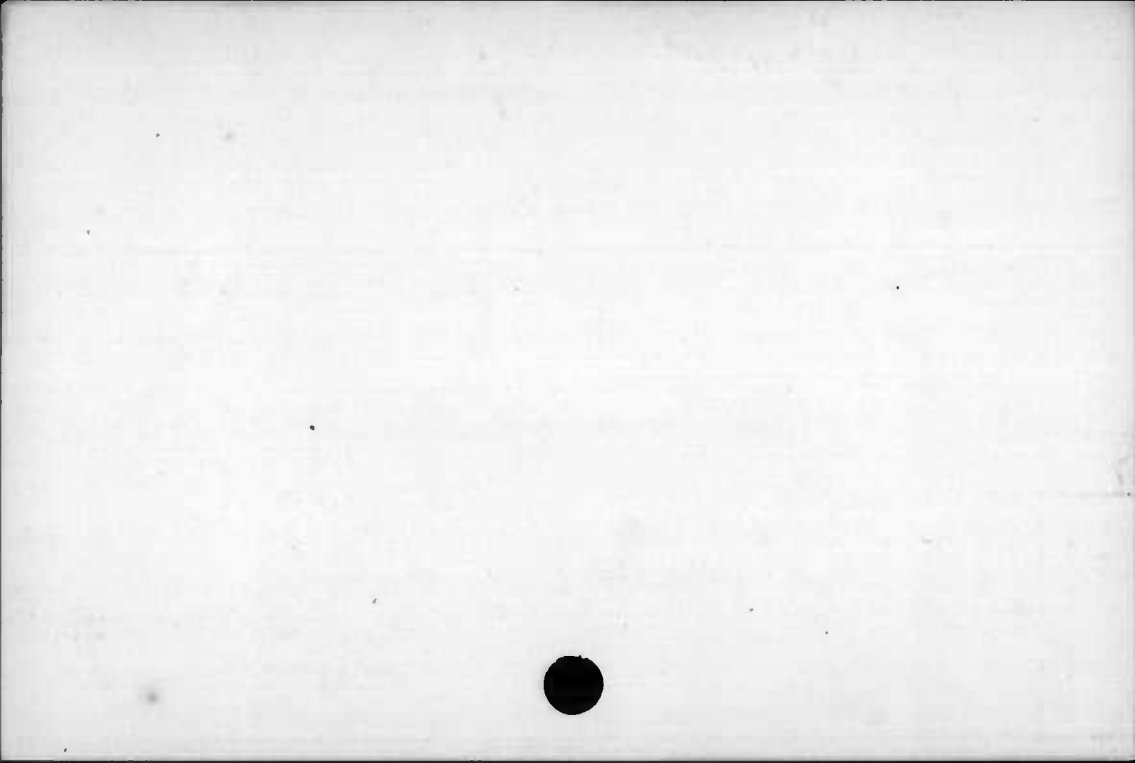
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		3	1	30			
Sex	Female		Color or Race	Black		Birth-place	Suck
Occupation	Servant-			Where residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Richards					Father's Birthplace	Ind
Mother's Maiden Name	Mahula Spencer					Mother's Birthplace	"
Name of person giving information	Geo Robbins					How related to deceased	Nephew

CAUSES OF DEATH

135

PHYSICIAN
OR CORONER

Primary	Indwige in Allen Lane & Ch. Ward, (alone)		How long
Immediate	Past Paralysis Hemiplegia		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
Yes		E. J. Holland	
		Address	
		Boiler	
		Ind	
Accident or Suicide?			



Name
in
Full

Annie Smack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Laybournville Town Worcester County

Date of death 1908 Month 3 Day 18 Age 48 Years Months Days

Sex Female Color or Race Blk Birth-place End

Occupation Housewife Where Residing if not at place of death

Married, ~~Single~~ Widowed Name of Wife or Husband Lemuel Smack

Father's Name Charles Spence Father's Birthplace End

Mother's Maiden Name Ward Mother's Birthplace "

Name of person giving information E. Shockey How related to deceased None

CAUSES OF DEATH

120

Primary Breast Disease How long 3 or 4 yrs

Immediate Uremia How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician W. E. Hollen

Address Berlin Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Wm L. Townsend</i>		Town <i>near Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Snow Hill</i>							
Date of death	1908	Month	March	Day	26	Age	22
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		Months	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ellen Townsend</i>					
Father's Name <i>Lewis Townsend</i>		Father's Birthplace <i>W. G. Md</i>					
Mother's Maiden Name <i>Percilla Pusley</i>		Mother's Birthplace <i>W. G. Md</i>					
Name of person giving information <i>Harvey Townsend</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>Don't know</i>
Immediate	<i>Bright's Disease</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John L. Riley</i>	
		Address <i>Snow Hill Ind</i>	
Accident or Suicide?			

(S-1)

